



<b>APPLICANT INFORMATION</b>	Petitioner _____ Mailing Address _____ City _____ State _____ Zip _____  Telephone (    )      Fax _____ E-mail _____
<b>PROPERTY OWNERSHIP</b>	Property Owner(s) _____ Mailing Address _____ City _____ State _____ Zip _____  Telephone (    )      Fax _____ E-mail _____
<b>CONTACT PERSON</b>	Contact Person _____ Mailing Address _____ City _____ State _____ Zip _____  Telephone (    )      Fax _____ E-mail _____ <i>(All staff correspondence will be sent only to the designated contact person)</i>
<b>REQUEST LOCATION AND INFORMATION</b>	Location Address: _____ City _____ State _____ Zip _____ Previous Use: _____ Last Day of Previous Use: _____ Subdivision: _____ Block: _____ Lot: _____ Zoning District: _____ Deed Reference: Book ____ Page ____ Property Dimensions: Frontage ____ ft.; Depth ____ ft. Area _____ Acres/Square feet
<b>NONCONFORMING USE</b>	Proposed Use (explain in detail): _____ _____ _____ _____ _____ _____ _____ _____

<b>FILING REQUIREMENTS</b>	<p><i>Applications will not be accepted unless the following requirements are submitted with this application.</i></p> <p>Filing fee (Make check payable to the City of Ashland. Payments may also be made with cash or credit card if paid in person.)</p> <p>One site plan, drawn to scale, showing the location of all existing and proposed structures, improvements, and uses on the property, as well as any information required by ordinance (plans must be no larger than 8 ½" by 14")</p> <p>Legal Description of property</p> <p>Application <i>must</i> be signed by property owner</p>
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*I/We understand and agree, upon execution and submission of this application, that I/we agree to abide by all provisions of the City of Ashland Zoning Ordinance as well as all procedures and policies of the City of Ashland Board of Zoning Appeals as those provisions, procedures and policies relate to the handling and disposition of this application; and that the information contained in this application is true and accurate to the best of my/our knowledge. I/we further agree that if I/we request that this application be deferred or my/our actions or inaction require deferral of this application, that I/we will pay an additional fee of \$150 prior to final consideration of this application to defray the additional costs incurred.*

_____	_____	_____
(signature of applicant)	(printed name of applicant)	(date)

_____	_____	_____
(signature of applicant)	(printed name of applicant)	(date)

_____	_____	_____
(signature of property owner)	(printed name of property owner)	(date)

_____	_____	_____
(signature of property owner)	(printed name of property owner)	(date)

**City of Ashland**  
**Department of Planning & Community Development**  
**1700 Greenup Avenue, Room 208**  
**P. O. Box 1839**  
**Ashland, Kentucky 41105-1839**  
**Telephone (606) 327-2030**  
**Fax (606) 325-8412**

Rec'd by:	Date:
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